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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/743,931	12/23/2003	Ken-Ju Jung	252011-1840	9007
	7590 08/19/200 YDEN, HORSTEMEY		EXAMINER	
600 GALLERIA PARKWAY, 15TH FLOOR ATLANTA, GA 30339			BAYARD, DJENANE M	
AILANIA, GA	A 30339		ART UNIT PAPER NUMBER	
			2141	
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			08/19/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/743,931 JUNG ET AL.		
interview Summary	Examiner	Art Unit	
	DJENANE M. BAYARD	2141	
All participants (applicant, applicant's representative, PTC	personnel):		
(1) <u>Joshua Janney</u> .	(3)		
(2)	(4)		
Date of Interview: <u>17 July 2008</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No.		
Claim(s) discussed: <u>N/A</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached.	g)∏ was not reached. h)⊠ N	N/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Attorney was contacted</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amen allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached	copy of the amendments that v		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INFILE A STATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	e last Office action has already R OF ONE MONTH OR THIRT TERVIEW SUMMARY FORM,	v been filed, APP Y DAYS FROM 1 WHICHEVER IS	LICANT IS THIS LATER, TO
	/William C. Vaughn, Jr./		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)